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ABSTRACT

The number of male primary caregivers has increased as social change has reduced the availability of female family members to fulfill the caregiving role. This study examined the perceived and actual role of caregiver by older men, especially in homemaker activities, and how this aspect of the caregiving role is impacted by age. Subjects (N=74) were male caregivers over the age of 60 who were gathered from an area volunteer service, local churches, and social service agencies. Data were obtained through a self-administered questionnaire which included objective and subjective measures of the caregiving role. Results indicated that although older men may have used formal services in accomplishing household tasks, they did not perceive chores to be problematic. There was some influence of socioeconomic status on adjustment to the caring role, although adjustment was not affected by the man's wife having been either a full-time homemaker or full-time worker outside the home. The study also found that older male caregivers needed respite as do all primary caregivers, but they did not perceive the homemaking and personal care tasks of caregiving as particularly problematic in comparison with other dimensions of the role. (Author/ABL)

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OLDER MALE PRIMARY CAREGIVERS AND THE HOMEMAKER ROLE

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ABSTRACT

OLDER MALE PRIMARY CAREGIVERS, AND THE HOMEMAKER ROLE

The number of male primary caregivers has increased as social change has reduced the availability of female family members to fulfill the caregiving role. Some studies suggest that caregiving men--most often spouses--have problems dealing with the household and personal tasks involved in this role. However, other studies find that caregiving men are content to assume household chores and help with daily living activities. There is a need to clarify the perceived and actual role of caregiver by older men, especially in homemaker activities, and how this aspect of the caregiving role is impacted by age.

A sample of 101 male caregivers were gathered through an area volunteer service, local churches, and social service agencies. Data were obtained through a self-administered questionnaire including both objective and subjective measures of the caregiving role. Analysis for this study was done on the 74 respondents who are over 60 years of age.

Results indicate that although older men may make use of formal services in accomplishing household tasks, they do not perceive these chores as problematic. There is some influence of socioeconomic status on adjustment to the caring role, however, adjustment is not affected by a man's wife having been either a full-time homemaker or full-time worker outside the home. This study also finds that older male caregivers do need respite as do all primary caregivers, but they do not perceive the homemaking and personal care tasks of caregiving as particularly problematic in comparison with other dimensions of the role.

INTRODUCTION

The specific characteristics and needs of male primary caregivers are becoming important to researchers and service personnel as the caring role evolves. Contemporary social change is impacting the availability of female family members who traditionally fulfilled primary care positions for disabled elderly relatives (Cantor, 1983). Increasing numbers of middle-aged women are in the work force (Cantor, 1983). High rates of divorce and new family forms such as the "blended family," blur boundaries of responsibility. Men often act as primary caregivers, and at least half of spouse caregivers are husbands (Cantor, 1979; Fitting et al., 1986).

Consideration of males as caregivers has been peripheral at best in most studies. In fact, caring individuals are commonly categorized not by their own characteristics, but by those associated with the care receiver, such as the level of disability or specific illness (Zarit, Todd, and Zarit, 1986).

Although little is known about the specific characteristics of men in the caring role, there are distinctions among caregivers that should be considered in order to avoid the development of a simplistic profile. Existing literature clearly indicates definition in two dimensions: age and relationship to care recipient. The great majority of primary caregivers are spouses or adult children (Cantor, 1979; Shanas, 1979; Catalano, 1983). The greatest concern of spouse-caregivers is their own health; family, time and emotional conflicts are most problematic for adult children (Johnson, 1983; Johnson and Catalano, 1983). Adult child

caregivers who are elderly may share the concern for their own health but have adequate social support.

The inclusion of age and relationship definition is important to the understanding of other caregiver characteristics or needs. The inclusion of age definition in the present study is nearly an automatic relationship selection factor for men--that is, most older male caregivers are spouses.

A few studies suggest caregiving men, most often spouse-caregivers, in the older ages, have problems dealing with household and personal care types of tasks (Cantor, 1979; Vinick, 1984; Snyder and Keefe, 1985). This seems reasonable given an assumption of traditional sex roles in the older cohorts most involved in caregiving. There are some sex role studies that describe the shift of the perceived role and actual behavior of older males to a more nurturant and less instrumental condition (Sinnott, 1977; Keith and Brubaker, 1979; Moreland, 1980; E. Brody, 1981).

An assumption made here is that an additional qualification--an explanatory factor--may influence adjustment to the traditionally female aspects of the caregiving role. Married men whose wives have been employed during most of the marriage might be expected to have participated more extensively in housekeeping than men whose wives have been full-time homemakers. Prior experience would presumably facilitate the successful assumption of household and personal care tasks.

Fitting et al. (1986) feel their comparison of caregiving spouses of dementia patients suggests older men, especially retired older men, are content to assume household chores and

help with activities of daily living. Like some others who have studied older spouse-caregivers, they imply an exchange relationship. They suggest caregiving husbands may feel their wives deserve to be repaid for years of homemaking or may feel guilt in "recognition of the sacrifices their wives had made." (Fitting et al., 1986, p. 251). Johnson (1983) has made similar statements. In this view, difficulties in learning new tasks are not perceived as unduly problematic.

Response to traditional female homemaking and personal care tasks and perceptions of difficulties related to these tasks are likely points of approach for an understanding of the male caregiver's distinct needs. This is an area of change most obviously specific to older men in the caregiving role.

The present study examines the homemaking and personal care task problems and needs of male primary caregivers, with paticular attention to age and familial relationship. These are demonstrated by both objective and subjective indicators of chores performed and help provided or needed, and satisfaction with present caregiving arrangements. Finally, the relevance to the men's role adjustment of wives having been homemakers full-time or in the paid work force is noted.

The research question examined in this study is whether older men who are primary caregivers for impaired elderly individuals find the adjustment to homemaking and personal care tasks--traditionally female tasks--problematic. Further, it seeks to determine whether the fact of their wives having been full-time homemakers or employed full-time outside the home, impacts their adjustment to the caregiver role.

METHOD

Sample

Data were collected from 101 men living in Summit County, Ohio, who are presently acting as primary caregivers for relatives or friends. Respondents were located from local churches, synagogues, service agencies and providers through The Akron Area Interfaith Volunteer Caregivers Program, an ecumenical entity which trains and enables volunteer aides within congregations. This program is funded by a grant from the Robert Wood Johnson Foundation. Questionnaires were mailed to caregivers. There was a return rate of 65 percent. Analysis for this study is limited to those respondents who are 60 years of age or older (N=74).

Data Collection

The instrument is a self-administered questionnaire encompassing 72 variables which include demographics, patients' activities of daily living abilities, objective and subjective measures of caregiver and care recipient physical and emotional health, objective and subjective measures of formal and informal aid, and satisfaction with the caregiving arrangements. A number of indicators are adapted from a questionnaire developed at The Benjamin Rose Institute in Cleveland, Ohio (Poulshock and Deimling, 1985).

FINDINGS

The mean age of respondents in the group over 60 is approximately 72 years (Table 1). The median income in this group is in the category, $10,000-$14,999. However, nearly a third of the sample reports income in excess of $19,999. Eighty-eight percent of the men are married and 93 percent are no longer

employed outside the home. The median level of education is completion of high school and one-fifth of the men have at least some college education. Sixty-four percent have/had wives who are/were homemakers and 31 percent have/had wives in the work force. Almost 80 percent of these men are caring for spouses, while about ten percent of the care receivers are parents. The remainder of the care receivers fall into various categories (e.g.: sibling, friend, or extended kin).

Caregiver perceptions are considered primarily in drawing conclusions. However, objective measures inform the discussion. Older male caregivers do make use of formal services and informal aids that augment their caregiving and homemaking tasks. Nearly 46 percent of those men over 60 say they have had help from friends since the onset of the care receiver's illness. Almost a quarter of the older men have utilized a nursing home while 39.2 percent have had paid home nursing service. The same proportion have made use of social services (Table 2).

Most salient to the issue of household chores as a major segment of caregiving is the large proportion of respondents (51 percent) who say they do have help with housework such as laundry and meal preparation. The volume of household work required of these older men is demonstrated through an examination of the level of the care recipients' activities of daily living abilities.

Only 18.9 percent of the patients are able to help with even light laundering; 36.5 percent of the care recipients cannot leave their beds; only a few (18.9 percent) care receivers are even able to do any housekeeping tasks and half of the patients

cannot manage to eat or answer the telephone by themselves. Yet, most of these older caregivers (86 percent) are either very satisfied or fairly satisfied with the present caregiving arrangements. Over 70 percent say keeping the patient at home is not a problem for them!

The fact of an older man's wife having been either employed outside their home or a full-time homemaker during most of their marriage was not significantly correlated with his adjustment to the caregiving role. Adjustment was measured by the construction of an index consisting of the degree of perceived difficulty of getting through each day, maintaining caregiver health, the demands of caregiving, getting enough rest and accomplishing household chores.

Regression analyses with the adjustment index as the dependent variable and considering the independent variables of wife's employment status during the marriage, occupational status, and level of education did not disclose a statistically significant relationship (Table 3). Regression analyses were also performed to eliminate the possibility that socioeconomic status effects might mask statistical significance in the area of adjustment to the role. Socioeconomic status as measured by income, education and job status of the respondents was not significantly related to their scores on the adjustment index.

DISCUSSION

The findings do not support research that posits an argument for role strain derived from the assumption of traditionally female homemaking and personal care tasks by male caregivers. There is support for the conclusions advanced by Fitting et al.

(1986) that older male spouse-caregivers, often retired, refocusing their energies on the home and repaying years of nurturance from wives, adjust well to caregiving.

Most of the older caregivers in this study report satisfaction with their caregiving arrangements. There is a striking absence of complaints or distress regarding the physical work of caregiving within the open-ended comments. Although many of the men speak of extended caregiving--from 1 to 15 years--they report concerns other than those directly related to the assumption of household chores. They relate the importance of some respite--a chance to "get out of the house" regularly--and they commonly mention worrying about what would happen to the care receiver if their own health should deteriorate. This concern is reported in prior research as a major source of anxiety for spouse' caregivers (Johnson and Catalano, 1983). There is an underlying pride evident in some of the comments. These caregiving men are especially proud to be giving their patients good care and to be keeping them at home.

Men do utilize formal and informal help rather heavily. Measurement differences prevent strict comparison with other findings but rough comparisons with other studies measuring support for both male and female caregivers indicate these male caregivers have high degrees of both formal and informal support (Johnson and Catalano, 1983). More than half of the respondents do have help with everyday household tasks. The extent of care recipient impairment as measured by activities of daily living skills and descriptive reports of actual illness are explanatory.

Less than one-fifth of the patients are able to help with any

housekeeping chores and more than a third are bedfast. The ability to perform personal care tasks is also low. Almost 40 percent of the care receivers need help with toileting and half of them need help with eating. Caregivers report the presence of care receiver mental impairment in over 56 percent of the cases and there is a high incidence of the disabling diseases common to older ages--arthritis, diabetes, and stroke. About a quarter of these older men are caring for someone with Alzheimer's disease. Most of these Alzheimer's care recipients are spouses.

Household help and the use of formal aid--home nursing help, nursing homes, social services--may be seen partly as a function of the care receivers' high level of physical and mental impairment. Despite this high level of impairment, over 78 percent of these caregivers say keeping their patient at home is not a difficulty. And, these men have a high mean score (3.2) of satisfaction with caregiving arrangements (4 = "very satisfied" and 1 = "not satisfied at all").

The only contradictory note to this trend of satisfaction with the caregiving situation pertinent to household or personal tasks is the finding that almost half of the respondents report at least "some difficulty" with "getting household chores done." Considering the weight of evidence in support of caregiver satisfaction, this finding may be seen in light of the all-encompassing nature of caregiving and the great number of personal care and homemaking tasks required of these particular caregivers.

There is no indication of a greater or lesser degree of adjustment to the caregiving role for men whose wives have worked

during most of the marriage. At least for the present cohorts of elderly involved in this study, there is no significant relationship between adjustment and the homemaker or employee status of wives. There is also no significant correlation for the younger men in this sample, however this subset comprises only 26 cases. It should also be noted the younger men are almost never full-time caregivers. They are likely to be employed and to receive a great deal of formal and informal aid.

Service delivery and planning are impacted by the ability of large categories of caregivers to manage their role. Men now comprise a sizable segment of those persons who care for impaired elderly individuals. Spouse-caregivers are as likely to be husbands as wives, especially in the older cohorts. The men in this study have been able, as demonstrated by self-report, to secure the services they need, and they adjust well to the role of caregiver despite high levels of disability among their patients. They do enjoy relatively high income and posses an above-average measure of education considering their age cohort. These two factors limit generalizability of the findings to less advantaged populations.

The discovery that these older men do well in their caring regardless of their wives' homemaker/employee status negates the assumption that men whose wives have worked full-time are somehow better prepared to handle household tasks. It may be that women in the older cohorts worked mainly out of financial necessity and the fact of being employed did not change their homemaker status. Fewer careers were open to women when these wives were younger. Or, it may be that these couples shared household tasks whether

or not they are both employed outside the home. The important issue here is that older men can and do assume the homemaking and personal care tasks susccessfully in age groups that might be assumed to have traditional sex roles.

REFERENCES

Brody, E. M. (1981). Women in the middle and family help to older people. The Gerontologist, 21, 471-480.

Cantor, M. H. (1979). Neighbors and friends. Research on Aging, 1, 434-463.

Cantor, M. H. (1983). Social care for the aged in the United States: Issues and challenges. Group Work with the Frail Elderly, nv, 13-20.

Fitting, M., Rabins, P., Lucas, M. J. & Eastham, J. (1986). Caregivers for dementia patients: A comparison of husbands and wives. The Gerontologist, 26, 248-252.

Johnson, C. L. (1983) Dyadic family relations and social support. The Gerontologist, 23, 377-383.

Johnson, C. L. & Catalano, D. (1983). A longitudinal study of family support to impaired elderly. The Gerontologist, 23, 612-618.

Keith, P. M. & Brubaker, T. H. (1979). Male household roles in later life: A look at masculinity and marital relationships. The Family Coordinator, 8, 497-502.

Moreland, J. (1980). Age and change in the adult male sex role. Sex Roles, 6, 807-818.

Poulshock, W. W. & Deimling, G. T. (1984). Families caring for elders in residence: Issues in the measurement of burden. Journal of Gerontology, 39, 230-239.

Shanas, E. (1979). The family as a social support system in old age. The Gerontologist, 19, 169-174.

Sinnott, J. D. (1977). Sex-role inconstancy, biology, and successful aging: A dialectical model. The Gerontologist, 17,

459-463.

Zarit, S. H., Todd, P. A. & Zarit, J. M. (1986). Subjective burden of husbands and wives as caregivers: A longitudinal study. The Gerontologist, 26, 260-266.

Table 1. Older Male Caregivers: Demographic Variables. Frequencies, Means, Standard Deviations.

Variable	N	%	$\bar{X}$	S.D.
Age	74		71.51	8.03
Marital Status (N=74)				
Married	65	(87.8)		
Widowed	5	(6.8)		
Never Married	4	(5.4)		
Employment Status (N=74)				
Employed	5	(6.8)		
Retired or Unemployed	69	(93.2)		
Education (N=73)			4.16	1.63
1=Grades 0-6	2	(2.7)		
2= " 7-9	13	(17.8)		
3= " 10-11	10	(13.7)		
4=High Schl. Grad.	17	(23.3)		
5=1-3 Yrs. College	15	(20.5)		
6=College Grad.	9	(12.3)		
7=Professional or Grad. Schl.	7	(9.6)		
Income (N=69)			3.84	1.47
1=$0-4,999	1	(1.4)		
2=$ 5,000- 9,999	9	(13.0)		
3=$10,000-14,999	26	(37.7)		
4=$15,000-19,999	11	(15.9)		
5=$20,000-29,999	14	(20.3)		
6=$30,000-39,999	3	(4.3)		
7=$40,000-49,999	4	(5.8)		
8=$50,000+	1	(1.4)		
Relationship to Care Receiver (N=74)				
Spouse	58	(78.4)		
Parent	7	(9.5)		
Child	2	(2.7)		
Sibling	1	(1.4)		
Friend	1	(1.4)		
Other	5	(6.8)		

Table 2. Older Male Caregivers: Sources of Formal and Informal Support. N=74

Help From:	Friends	Nursing Home	Paid Nurse	Social Service
Yes	34 (45.9)	18 (24.3)	29 (39.2)	29 (39.2)
No	40 (54.1)	56 (75.7)	45 (60.8)	45 (60.8)

Table 3. Older Male Caregivers: Regression Analysis of Adjustment on Wife Employment Variables. N=70

	Adjustment*
Wife's Employment**	-.211
Wife's Vocation***	-.063
Wife's Education****	-.041

*Adjustment is an index of 5 variables measuring caregiving difficulty
**0=Homemaker; 1=Employed during most of the marriage
***Rough measure of occupational status
****Measured as in Table 1.